REPORT OF THE WEST VIRGINIA DELEGATION

TO

THE 2005 WHITE HOUSE CONFERENCE ON AGING

RESPECTFULLY SUBMITTED

TO

THE HONORABLE JOE MANCHIN III

GOVERNOR

Report to the Governor

West Virginia Delegation to the 2005 White House Conference on Aging

Introduction

The 2005 White House Conference on Aging (WHCOA) met December 11-14 in Washington, DC. This was the fifth WHCOA, which are decennial events with the purpose of making recommendations to Congress and the President to help guide national aging policy over the decades. The 2005 Conference focused on aging today and tomorrow, including 78 million baby boomers who began to turn 60 in January 2006. This "booming generation" shaped the theme and agenda for the conference.

Some 1200+ delegates attended the conference and passed on 50 priority resolutions that will go to Congress and the President. Below is a recap of the top ten resolutions passed by the delegates and the response of your delegation in their report to you.

Topping the list was a resolution calling for the immediate reauthorization of the Older Americans Act, which is up for re-adoption in Congress this year. Long-term care, transportation, Medicaid and Medicare, geriatric training, non-institutional long-term care, mental illness, training health care professionals and improving state-local systems of care rounded out the top ten.

Other resolutions among the top 50 least dealt with Social Security, rural economies, and care delivery, retirement savings strategies, wellness emphasis, role of Senior Centers, disease prevention, patient advocacy, and aging and disability concerns. Just about every aspect of concern to older Americans received some emphasis in the resolutions.

Response of the West Virginia Delegation

1. Unanimously, our delegation expresses the most urgent and profound support for the rapid reauthorization of the Older Americans Act. This program has been the backbone of social support services to older people 60+ for forty years. For West Virginians, that funding helps with nutrition, transportation, home care, job training, employment, advocacy, entitlements and others concerns. Transportation in our state was particularly singled out. Growing rural transportation accessibility is critical to serving our rural elderly and to keep rural West Virginia open for business. Rural factors need to be restored and re-emphasized in the funding formula that goes from the federal to state level.

Senior Centers in West Virginia play a vital role in service delivery. Challenges lay ahead and call for a forward-looking strategy of strategic positioning. Baby boomers will challenge Senior Centers to evolve and grow into new and vital roles of service to individuals and communities. Centers must expand existing programs and activities and develop new ones that promote self-determination, independence, and healthy aging. Effective senior centers facilitate well-being in all dimensions: physical, social, emotional, spiritual, mental, and economic. Some redesign of programming as well as facilities needs to occur in order to attract this generation. Our state will do well to promote policies and funding that will enable senior centers to expand their roles and programming to meet the needs of seniors today and tomorrow.

The Family Caregiver Act (Title IIIE of OAA) needs to be a priority for funding. Respite services are vital in keeping individuals in their own homes and allowing family members time to perform their needed duties outside the home. On the state level, funding to expand the Alzheimer's respite program is critical. This program presently operates in 14 counties and needs to be expanded to all 55 counties. However, it should be noted that the budget request recently submitted to Congress by President Bush for fiscal year 2007 proposes to eliminate support for this vital program.

2. The second resolution, heartily supported by the West Virginia delegation addresses the issue of long-term care and the need for a comprehensive strategy with public and private support focusing on issues such as financing, choice, quality service delivery and the use of a paid and unpaid work force integrated into long-term care systems.

Long-term care and end-of-life issues were of interest to West Virginia's delegates. The need to include personal care as a paid alternative to Medicaid options and to improve in-home programs was discussed. The exhibit hall was a wealth of private companies with alternative in-home security and tracking. There were pill containers that were linked to a mainframe computer, relaying information to a main office on the dosage and compliance of taking prescription drugs. Also, in-home monitoring systems, with symptom diagnosis and emergency contacts were being highly marketed. The savvy seniors of the Boom generation who are computer literate will be the main consumers of these new techniques for themselves and their elderly parents.

Training for both professional and paraprofessional care providers for the elderly was the final area of concern. The delegation felt that this was an area of great importance for

West Virginia. With so many home care provider agencies, the lack of geriatric specialists and the stigma associated with mental health concerns in this state, it was viewed as critical for improvement in health care for seniors. Often patients present to family or general practitioners medical and mental health problems. Mental illnesses are often misdiagnosed and the elderly patients are frequently in their practitioner's office with medical complaints. The proper diagnosis would in many cases eliminate the need for such frequent office visits. In the same respect, elderly patients' symptoms may be different than those of younger patients, having the appropriate specialization will facilitate proper diagnosis. This could save any unnecessary tests, multiple visits, and unsuccessful and costly treatments.

After reviewing the events of the WHCoA 2005, it is evident that if seniors are to enjoy a quality of life that allows for flexibility and a variety of services, the state must be prepared to supplement the federal government's funding. All states will need to assume a greater financial responsibility, support the most needy, and assist in providing opportunities for retraining and continuing medical education units. With cuts to Medicaid including the A/D Waiver, more seniors who desperately need the services will be denied. Therefore, the goal of allowing seniors to remain in their homes will not be attainable.

The West Virginia legislature should revisit the issue of the development of a coordinated, comprehensive, long-term care strategy which was the number two ranked resolution of the conference. Looking forward over the next ten years and the threat to the Medicaid program, it is imperative for individuals to be encouraged to purchase long-term care insurance. It would be helpful for the West Virginia legislature to examine the

opportunity which is currently in place for tax deduction of long-term care premiums and enhance it through education and modification of Tax Form IT-140, Schedule M, as a separate line item where one can identify the payment for long-term care insurance. This action, when brought forward to the form IT-140, would in effect allow an "above the line" tax deduction for the long-term care premium before getting to adjusted gross income. The President and Congress should be encouraged to see that an above the line tax deduction for long-term care insurance is made a part of the federal tax program and the forms associated with the IRS. The Governor could facilitate this through the Governor's Association. This would allow for essentially the same action we are taking in West Virginia to be replicated at the federal level. Over time this primary approach along with existing tax advantage accounts like 401 (k)s, IRAs, medical savings accounts, etc., could potentially be combined to take care of chronic care costs be they in the home or out of the home, thereby reducing dependency on the Medicaid program. For West Virginia as a rural state, it is critical to attract health care personnel in all professions along with paraprofessionals in order to enhance the labor supply to provide services to citizens. Clinical and non-clinical people combine to provide a network within the workforce to serve those maturing Americans who will have chronic needs. The Older Americans Act, long-term care insurance and enhancing health care personnel in the workforce are major issues we advance in Governor Manchin's report to President Bush and Congress. Over the next 10 years, in-home and community-based services coupled with appropriate funding and people to carry out the work, represent major issues for West Virginia and the nation.

Other recommendations included reforming the Medicaid program which is so vital to the state's seniors, that which is threatened by soaring costs and federal cut-backs. Examine the possibility of a phased-in program of performance-based reimbursement and cost sharing rather than the current open-ended fee for service scheme which compensates units served, not client needs.

Empowered clients should drive the program—not levels of reimbursement. Health insurance likewise should be made available to those who cannot afford mainstream policies either through managed care organizations or as a state-subsidized program. Such efforts should promote prevention and wellness rather than focusing on illness. Study carefully the state cash and counseling program as a viable option which puts the client in the middle of care and cost issues.

According to the Social Security Administration, Medicaid costs topped $258 billion in 2002, serving about 43 million people. Medicare costs reached $261 billion in the same year, serving 40.5 million aged recipients. The total cost in these two programs was about $519 billion in 2002. Also in 2002, an estimated 875,000 state residents worked in employment covered under the Medicare program and paid approximately $637 million in Medicare taxes. Because our state is so heavily subscribed in these major safety net health care programs, payments to beneficiaries in West Virginia is a critical and foundational aspect of federal transfer payments to the state.

3. The need to educate a geriatric health care network has far reaching demands on both public and private sectors. There is an overlap between Medicare, Medicaid, long-term care, and meeting the mental health concerns of senior West Virginians. The quality of

the available health care, the ability to receive these services in a timely manner and at minimal cost as well as the need to make decisions regarding independence and quality of life are all factors to be considered. West Virginia, with many seniors on the Medicaid A/D Waiver will suffer from cuts to the program, and many will be forced into nursing homes with no other option . Seniors who could live independently with assistance will now find they no longer qualify for the personal care or home aid that kept them independent. The lack of geriatric specialized training in many health care providers often results in patients not receiving the most effective care. There is a need to redesign the nursing home option to be in tune with the needs of the seniors. This should include day treatment beds, respite services, and flexibility for the caregivers and the nursing homes. The system needs an overall review in an effort to meet the needs of not only today's seniors but the seniors of tomorrow. Mental health issues should be funded and communities should be able to provide those services by trained individuals. Seniors life expectancy is increasing and the quality of care needs to expand to meet their multiple needs in a way that respects their quality of life choices.

4. Housing – West Virginia has a higher number of home owners per capita in the nation but we still need to be improving our communities and making them livable for all ages and persons with needs. Builders need to be encouraged to provide homes with a universal home design for aging and persons with needs across the state. We are one of the oldest states per capita in the country with people seeking housing more suitable to them, but we still build two story housing for retirement communities.

Transportation – As our population ages and they have to give up their driving rights, we do not have a comprehensive plan to provide affordable and accessible transportation,

especially in rural areas. This came through quite clear as delegates voted this as number three in the top ten resolutions. This needs serious consideration in West Virginia and we need to be seeking ways to answer this need.

5. Two resolutions dealing with issues of rural aging together garnered 1,291 votes from the delegates. They dealt with the issues of access to care in rural areas and spurring economic development in rural places as a pre-condition of sound health and human services delivery.

The Administration on Aging needs to partner closely with DHHS to develop an implementation strategy based on the report of former Secretary Thompson of DHHR, which calls for creating one department to serve rural America to eliminate the duplication of multiple agencies dealing with rural human services issues. Deal with implementation of recommendations in the report addressing rural families, rural economic development, rural policy making and local government to rural places. Implement fully the mandates on rural best practice service delivery as authorized in the 2000 Older Americans Act. These sections mandate the development of training and technical assistance to provide services to older people in greatest need with particular emphasis on older persons in rural areas. Further, these provisions called for developing resource guides and training and technical assistance on best practices in service delivery to seniors in rural areas. State best practices and innovations were to be reported to Congress in a national study. This latter requirement was partially fulfilled in 2003 with the publication of the report entitled "Best Practices in Service Delivery to the Rural Elderly (Ham, R., Goins, R., Brown, D. (eds). West Virginia University, Center on Aging.)

This study will appear in June 2006 in book form from Springer Publishers.

Put particular focus on Section 201, 202.

Form state-county-municipal partnerships on the state level; utilize county and mayoral associations to overhaul city and county charters removing legal and regulatory barriers to economic development. The private sector on the local level is a key ally. Local components of the aging network, i.e., Area Agencies and local providers need to be pro-active advocates and participants in these initiatives.

The local aging network needs to be a proactive partner in rural economic development sitting on local, county, and regional development planning organizations. The local aging network needs to be local economic-development planning focused. State legislatures which do not leave them should establish select or ad hoc legislative committees focused on rural economic development.

Improve Access to Care for Older Adults Living in Rural Areas

A. Implement those parts of the new Medicare Modernization Act which provide financial inducements to doctors, hospitals, home health agencies and ambulance services to focus on serving rural areas. Build service delivery infrastructure in rural places.

B. College and University-based Geriatric Education Centers (GECs) need to outreach to small rural hospitals and rural health care practitioners in their states with training, teaching, continuing education and technical assistance interventions to upgrade skills and knowledge of health care providers.

The eleventh recommendation in terms of delegate votes called for strengthening the Social Security program. Delegates expressed firm and vocal opposition to schemes which would privatize Social Security by taking contributions out of the trust fund and investing them in personal savings accounts.

Strategies to reform the system called for gradually increasing the normal retirement age (NRA), recalculating the cost of living adjustment (COLA) granting the Fund authority to expand investment options, and raising the amount of income subject to the Social Security taxes. Some 47+ million retirees receive Social Security benefits. In West Virginia, about 403,000 people receive monthly benefits which in December 2003, according to the Social Security Administration reached $327 million. These transfer payments to the state are a significant economic engine. The delegation recommends more training and education in the Social Security program utilizing the resources of AARP and other in-state advocacy groups. We trust this report will be useful to decision-makers in West Virginia and the nation, in shaping aging policy now and into the future.

Respectfully Submitted,

West Virginia Delegation to the 2005 White House Conference on Aging

APPENDIX

Appendix A

2005
WHITE HOUSE CONFERENCE ON AGING
WEST VIRGINIA DELEGATION

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